

FEC FORM 2
STATEMENT OF CANDIDACY

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1. (a) Name of Candidate (in full) MARTIN CHICON		
(b) Address (number and street) 615 W 150TH ST. APT 37		2. FEC Candidate Identification Number
(c) City, State, and ZIP Code NEW YORK, NY 10031		3. Is This Statement <input checked="" type="checkbox"/> New (N) OR <input type="checkbox"/> Amended (A)
4. Party Affiliation REPUBLICAN	5. Office Sought CONGRESS	6. State & District of Candidate NY 13

DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE

7. I hereby designate the following named political committee as my Principal Campaign Committee for the _____ election(s).
(year of election)
- NOTE:** This designation should be filed with the appropriate office listed in the instructions.

(a) Name of Committee (in full) CHICON FOR CONGRESS
(b) Address (number and street) 2268 Amsterdam Avenue
(c) City, State, and ZIP Code NEW YORK, NY 10032

DESIGNATION OF OTHER AUTHORIZED COMMITTEES
(Including Joint Fundraising Representatives)

8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy.
- NOTE:** This designation should be filed with the principal campaign committee.

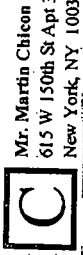
(a) Name of Committee (in full) N/A
(b) Address (number and street)
(c) City, State, and ZIP Code

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

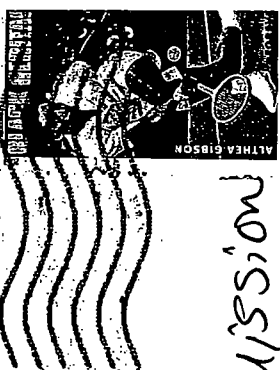
Signature of Candidate Martin Chicon	Date August 18, 2015
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NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 52 U.S.C. §30109.

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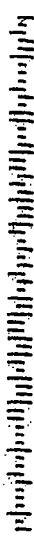
Mr. Martin Chicon
615 W 150th St Apt 37
New York, NY 10031-2407



FEDERAL ELECTION COMMISSION
999 E Street NW
WASHINGTON, DC 20463

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Federal Election Commission
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<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

8/24/15
DATE PREPARED

2015-08-24 10:00:00